JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM JC/OH COVER SHEET PG 1

3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address 5 CAMPAIGN TREASURER NAME 6 CAMPAIGN TREASURER ADDRESS (Residence or business) 7 CAMPAIGN TREASURER ADDRESS (Residence or business) 8 CAMPAIGN TREASURER ADDRESS (Residence or business)	Demetri Anastasiadis 10603 Ames Ln. ESS / PO BOX: Austin TX 78739-1532 FIRST LAST T ADDRESS (NO PO BOX PLEASE): APT / SUIT	MI SUFFIX MI SUFFIX	Date Received O		
OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address 5 CAMPAIGN TREASURER NAME 6 CAMPAIGN TREASURER ADDRESS (Residence or business) 7 CAMPAIGN TREASURER PHONE 6 REPORT TYPE	Demetri Anastasiadis 10603 Ames Ln. ESS / PO BOX: Austin TX 78739-1532 FIRST LAST T ADDRESS (NO PO BOX PLEASE): APT / SUIT	SUFFIX ITY: STATE: ZIP CO	Date Hand-delivered Date Postmarked Control Amount Date Processed Date Imaged		
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address 5 CAMPAIGN TREASURER NAME 6 CAMPAIGN TREASURER ADDRESS (Residence or business) 7 CAMPAIGN TREASURER PHONE 8 CAMPAIGN AREA (5)	Demetri Anastasiadis 10603 Ames Ln. Austin TX 78739-1532 FIRST LAST T ADDRESS (NO PO BOX PLEASE): APT / SUIT	ITY: STATE: ZIP CO	Date Hand-delivered Date Postmarked On Date Processed Date Imaged		
CAMPAIGN TREASURER ADDRESS CAMPAIGN TREASURER ADDRESS (Residence or business) CAMPAIGN TREASURER ADDRESS (Residence or business) CAMPAIGN TREASURER PHONE AREA (5)	FIRST SAME LAST T ADDRESS (NO PO BOX PLEASE): APT / SUIT	MI SUFFIX	Date Processed Date Imaged		
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TREASURER ADDRESS (Residence or business) CAMPAIGN TREASURER PHONE (5)	SAME		Date imaged		
TREASURER ADDRESS (Residence or business) CAMPAIGN TREASURER PHONE (5)	SAME	TE#; CITY: STATE:			
CAMPAIGN AREA TREASURER PHONE (5/2)					
REPORT TYPE	2) 2887818	EXTENSION			
	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
	luly 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
PERIOD Month COVERED	Day Year THROUG	GH .	Day Year 4/02		
ELECTION Month	ELECTION DATE ELECTION TYPE Day Year 5 / 02 Primary	Runoff	General Special		
OFFICE OFFICE	HELD (if any)	12 OFFICE SOUGHT (if I	known)		
	NIA	250 TH 0	ISTRICT COURT		
NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval indidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
BY OTHER Name					
Address /	PO Box; Apt. / Suite #; City; State; Zip 0	Code			

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

14 C/OH NAME \(\xi \) \(\xi \) \(\xi \) \(\xi \) \(\xi \)	RI ANAS	TASLAQ15	5ACCOUNT # (Ethics Commission filers)		
16 NOTICE FROM POLITICAL	•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	\$ 50			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50		
EXPENDITURE TOTALS	3. TOTAL P	\$ 100			
	4. TOTAL	\$ 100			
CONTRIBUTION BALANCE	5. TOTAL P OF THE	* O			
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	* <i>O</i>			
8 AFFIDAVIT		I swear, or affirm, under penalty of po true and correct and includes all info under Title 15, Election Code.	erjury, that the accompanying report is rmation required to be reported by me		
	LAURIE BRODEUR MY COMMISSION EXPIRES January 16, 2005	I remette win	MAMADUA date or Officeholder		

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said <u>DEMETRI FNASTASIANIS</u>, this the <u>4th</u> day of <u>October</u>, 20 <u>DL</u>, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath